



Tract Map Application

Date Received 07/14/15
 By DOLSEN
 Fee 43335
 Case # TPM 19655
 EA # 07-15

Map # _____
 Parcel
 Tract

General Information

APPLICANT STANLEY ZARAKOV Phone 760-285-3316 Fax 760 365-4463

Mailing Address PO BOX 1677 Email SZARAKOV@hotmail.com

City YUCCA VALLEY State CA Zip 92286

REPRESENTATIVE HEITEC/CO DAVID RODRIGUEZ Phone 760 401 0521 Fax NONE

Mailing Address PO BOX 1192 Email drod60@gmail.com

City YUCCA VALLEY State CA ZIP 92286

PROPERTY OWNER STANLEY ZARAKOV Phone 760-285-3316 Fax 760-365-4463

Mailing Address PO BOX 1677 Email SZARAKOV@hotmail.com

City YUCCA VALLEY State CA Zip 92286

Project Information

Project Address 56475 29 PALMS HWY. YUCCA VALLEY CA Assessor Parcel Number(s) 0587-081-82

Project Location SOUTHWEST CORNER OF TWENTYNINE PALMS HWY & PALM AVE.

Project Description: SEE ATTACHED PROJECT DESCRIPTION

Please attach any additional information that is pertinent to the application.

Town of Yucca Valley
 Community Development Department
 Planning Division
 58928 Business Center Dr
 Yucca Valley, CA 92284
 760 369-6575 Fax 760 228-0084
www.yucca-valley.org

Environmental Assessment

1. Property boundaries, dimensions and area (also attach an 8 1/2 x 11" site plan):

SHOWN ON MAP

2. Existing site zoning: CG

3. Existing General Plan designation: COMMERCIAL CORRIDOR RESIDENTIAL OVERLAY

4. Precisely describe the existing use and condition of the site: PARCEL 1: VACANT, UNDEVELOPED PARCEL 2 EXISTING PAWN SHOP & PARKING

5. Existing Zoning of adjacent parcels:

North C-MV South C-O East C-G West C-G

6. Existing General Plan designation of adjacent parcels:

North * South COMMERCIAL East * West * * COMMERCIAL - CORRIDOR RESIDENTIAL OVERLAY

7. Precisely describe existing uses adjacent to the site: NORTH: SOCIAL SECURITY OFFICE SOUTH: RESIDENTIAL EAST: AUTO PARTS STORE/HOTEL WEST: CONSTRUCTION OFFICE

8. Describe the plant cover found on the site, including the number and type of all protected plants: TYPICAL DESERT WEEDS & VEGETATION

Note: Explain any "Yes" or "Maybe" responses to questions below. If the information and responses are insufficient or not complete, the application may be determined incomplete and returned to the applicant.

Yes Maybe No

9. Is the Site on filled or slopes of 15% or more or in a canyon? (A geological and/or soils Investigation report is required with this application.)

10. Has the site been surveyed for historical, paleontological or archaeological resources? (If yes, a copy of the survey report is to accompany this application.)

11. Is the site within a resource area as identified in the archaeological and historical resource element?

12. Does the site contain any unique natural, ecological, or scenic resources?

13. Do any drainage swales or channels border or cross the site?

14. Has a traffic study been prepared? (If yes, a copy of the study is to accompany this application.)

15. Is the site in a flood plain? (See appropriate FIRM)

Project Description

Complete the items below as they pertain to your project. Attach a copy of any plans submitted as part of the project application and any other supplemental information that will assist in the review of the proposed project pursuant to CEQA.

1. Commercial, Industrial, or Institutional Projects:

- A. Specific type of use proposed: PARCEL 1: VACANT, UNDEVELOPED
PARCEL 2: CURRENTLY EXISTING PAWN SHOP
- B. Gross square footage by each type of use: _____
- C. Gross square footage and number of floors of each building: N/A
- D. Estimate of employment by shift: EXISTING PAWN SHOP :
- E. Planned outdoor activities: NONE

2. Percentage of project site covered by:

_____ % Paving, _____ % Building, _____ % Landscaping, _____ % Parking

3. Maximum height of structures N/A ft. _____ in.

4. Amount and type of off street parking proposed: NO OFF STREET PARKING
PROPOSED

5. How will drainage be accommodated? _____
NATURAL SITEET FLOW

6. Off-site construction (public or private) required to support this project:
NO OFF-SITE CONSTRUCTION PROPOSED

7. Preliminary grading plans estimate NA cubic yards of cut and N/A cubic yards of fill

8. Description of project phasing if applicable: NO PROJECT PHASING
PROPOSED

9. Permits or public agency approvals required for this project: _____
TENT. PARCEL MAP & FINAL MAP APPROVAL

10. Is this project part of a larger project previously reviewed by the Town? If yes, identify the review process and associated project title(s) NO

11. During construction, will the project: (Explain any "yes" or "maybe" responses to questions below – attach extra pages if necessary.)

Yes Maybe No

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A. Emit dust, ash, smoke, fumes or odors? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Alter existing drainage patterns? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Create a substantial demand for energy or water? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | D. Discharge water of poor quality? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | E. Increase noise levels on site or for adjoining areas? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Generate abnormally large amounts of solid waste or litter? |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Use, produce, store, or dispose of potentially hazardous materials such as toxic or radioactive substances, flammable or explosives? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | H. Require unusually high demands for such services as police, fire, sewer, schools, water, public recreation, etc. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | I. Displace any residential occupants? |

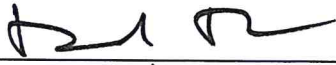
Certification

I hereby certify that the information furnished above, and in the attached exhibits, is true and correct to the best of my knowledge and belief.

Signature:  Date: 9/29/15

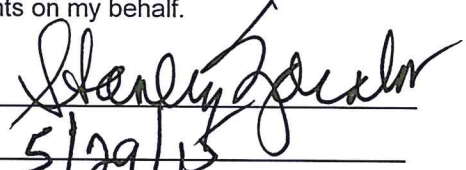
Owner/Applicant Authorization

Applicant/Representative: I/We have reviewed this completed application and the attached material. The information included with this application is true and correct to the best of my/our knowledge. I/We further understand that the Town may not approve the application as submitted, and may set conditions of approval. Further, I understand that all documents, maps, reports, etc., submitted with this application are deemed to be public records. This application does not guarantee approval or constitute a building permit application. Additional fees may be required depending on additional administrative costs

Signed: 
Name: DAVID RODRIGUEZ
Date: 5/29/15

Property Owner: I/We certify that I/We are presently the legal owner(s) of the above described property (If the undersigned is different from the legal property owner, a letter of authorization must accompany the form). Further, I/We acknowledge the filing of this application and certify that all of the above information is true and accurate. I/We understand that I/We are responsible for ensuring compliance with conditions of approval. I hereby authorize the Town of Yucca Valley and or/its designated agent(s) to enter onto the subject property to confirm the location of existing conditions and proposed improvements including compliance with applicable Town Code Requirements. Further, I understand that all documents, maps, reports, etc., submitted with this application are deemed to be public records. This application does not guarantee approval or constitute a building permit application. Additional fees may be required depending on additional administrative costs. I am hereby authorizing

_____ to act as my agent and is further authorized to sign any and all documents on my behalf.

Signed: 
Dated: 5/29/15

Agreement to Pay All Development Application Fees

In accordance with Town Council Resolution 04-38 the Town collects certain fees based on the actual cost of providing service. The application deposit for this project (as indicated below) may not cover the total cost of processing this application. I/We are aware that if the account has 25% or less remaining prior to completion of the project, staff will notify the undersigned in writing, of the amount of additional deposit required to complete the processing of the application, based on Staff's reasonable estimate of the hours remaining to complete this application process.

Further, I understand that if I do not submit the required additional deposit to the Town within 15 business days from the date of notification by the Town, the Town will cease processing of the application and/ or not schedule the project for action by the Planning Commission or Town Council until the fees have been paid.

Any remaining deposit will be refunded to me at time of closeout after I have submitted any required approved project plans and forms, including signed conditions of approval, or upon my written request to withdraw the application.

As the applicant, I understand that I am responsible for the cost of processing this application and I agree that the actual costs incurred processing this application will be paid to the Town of Yucca Valley.

Deposit Paid: \$ _____

Applicant's Signature Stanley Barakov Date: 5-29-15

Applicants Name STANLEY BARAKOV
(Please print)

Developer Disclosure Statement

This portion of the Application must be fully completed and signed by the Applicant. If not fully completed and signed, the Application will be deemed incomplete.

Address of subject property: 56475 29 PALMS HWY, YUCCA VALLEY, CA

Cross street: TWENTYNINE PALMS HWY & PALM AVENUE

Date this Disclosure Statement is completed: 5/29/15

Name of Applicant: STANLEY ZARAKOV

The Applicant is a:

- Limited Liability Company (LLC)
 Partnership
 Corporation
 None of the above

Information for LLC, Partnership, Corporation

Name _____ Phone _____ Fax _____

Mailing Address N/A Email _____

City _____ State _____ Zip _____

State of Registration _____

Managing member(s), General Partner(s) officer(s)

Name N/A Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Attach additional sheets if necessary

Agent for Service of Process

Name N/A Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

For Corporations, Shareholder with Fifty Percent or More Share or Controlling Shareholder

Name N/A Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

The Owner is a:

- Limited Liability Company (LLC)
- Partnership
- Corporation
- None of the above

Information for LLC, Partnership, Corporation

Name _____ *N/A* _____ Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

State of Registration _____

Managing member(s), General Partner(s) officer(s)

Name _____ *N/A* _____ Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Attach additional sheets if necessary

Agent for Service of Process

Name _____ *N/A* _____ Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

For Corporations, Shareholder with Fifty Percent or More Share or Controlling Shareholder

Name _____ *N/A* _____ Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

The Party in escrow is a (if property is in escrow):

- Limited Liability Company (LLC)
- Partnership
- Corporation
- None of the above

Information for LLC, Partnership, Corporation

Name N/A Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

State of Registration _____

Managing member(s), General Partner(s) officer(s)

Name N/A Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Attach additional sheets if necessary

Agent for Service of Process

Name N/A Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

For Corporations, Shareholder with Fifty Percent or More Share or Controlling Shareholder

Name N/A Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

For any deeds of trust or other liens on the property (other than real property tax liens) please state the following:

A. Name of beneficiary of the deed of trust or lien _____

B. Date of the deed of trust or lien. _____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on the date and location set forth below

Stanley Zarakov
Signature

Print Name: STANLEY ZARAKOV

Title: OWNER/APPLICANT

Date of signing: 5-29-15

Location: Yucca Valley Ca 92284



HAZARDOUS WASTE SITE STATEMENT

I have been informed by the Town of Yucca Valley of my responsibilities, pursuant to California Government Code Section 65962.5, to notify the Town as to whether the site for which a development application has been submitted is located within an area which has been designated as the location of a hazardous waste site by the Office of Planning and Research, State of California (OPR).

I am informed and believe that the proposed site, for which a development application has been submitted, is not within any area specified in said Section 65962.5 as a hazardous waste site.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct.

Dated: 5/29/15

DAVID RODRIGUEZ
Applicant/Representative printed name

[Handwritten Signature]
Applicant/Representative signature